

DEPARTMENT OF RADIOLOGY

Rules and Regulations

I. Name and Purpose

- A. The department shall be designated "Department of Radiology".
- B. The department shall carry out the functions and directives specified in the medical staff bylaws concerning purposes and functions of the departments insofar as applicable to the practice of radiology at the Hospital.

II. Functions and Responsibilities

- A. The department shall:
 - 1. assist the medical executive committee and the Board in the granting and delineation of radiology privileges;
 - 2. monitor and assess the quality of care in the Hospital rendered by members of the department;
 - 3. promote harmonious working relationships among staff members in the department, nursing service, Hospital employees and the administration;
 - 4. coordinate patient care activities and responsibilities with other departments;
 - 5. perform such other functions as may be necessary or appropriate relating to radiological care at the Hospital.
- B. The department shall assist in the appointment and reappointment process, including the evaluation of applications for clinical privileges or specified services, verified credentials and demonstrated current ability, experience, background, education and training.
- C. The department shall conduct concurrent utilization review to determine whether inpatient services are based on individual medical needs. Also, the department shall conduct retrospective review and evaluation of the quality of patient care. Periodically the department shall report to the executive committee the results of its findings and make recommendations concerning the implementation, operation and results of quality assessment activities.

III. Services

- A. The Department of Radiology shall consist of the following subdivisions: (a) general diagnostic radiology; (b) nuclear medicine, (c) ultrasound, (d) interventional radiology and angiography, (e) computerized tomography, and (f) magnetic resonance imaging.
- B. The subdivisions may be expanded or limited, depending on the qualifications of the members of the department.

IV. Assignments and Membership

- A. Assignment to, or membership in the Department of Radiology will be limited to physicians who are certified by the American Board of Radiology or who are admissible for board certification and meet the basic qualifications for membership outlined in the medical staff bylaws..

- B. Privileges in CT and MRI will be granted only to radiologists who are formally trained in such matters and are available on a full-time basis so that they can individually monitor examinations and administer treatment in the event of contrast reactions.
- C. Membership in the department (active staff, courtesy staff, consulting staff) will at all times be equivalent to the physicians's status as a member of the Hospital's medical staff.
- D. Members will be expected to attend department meetings; participate on committees and subcommittees; and participate in department functions, including chart review, proctorship and educational activities.

V. **Officers and Voting**

- A. The department shall elect officers as provided in the medical staff bylaws.
- B. The chairman will preside over department meetings and represent the department on the medical staff executive committee. In the chairman's absence, the vice chairman will represent the department and act in the chairman's behalf.
- C. Only department members of active staff status will be eligible to hold department office.
- D. All department members of active staff status are eligible to vote at department meetings.
- E. A simple majority vote of at least quorum of active voting members is required for approval of department matters.

VI. **Privileges**

- A. The department and/or department chairman will make recommendations to the Credentials Committee concerning the granting of privileges in radiology;
- B. In recommending and delineating privileges in radiology, the department will consider:
 - 1. the degree of patient care complexity, level of risk to the patient, and the level of training, and experience required of the physician;
 - 2. the degree and quality of specialty training in radiology received by the physician;
 - 3. demonstration of appropriate experience and competence;
 - 4. the need for the specific services in the Hospital; and
 - 5. the best interest of the Hospital.
- C. Credentialing Criteria:
 - 1. **ABILITY TO PERFORM PRIVILEGES REQUESTED:** Must be documented by the applicant's signed statement that no health problems exist which could affect his or her practice. This is documented in the application for appointment or reappointment.
 - 2. **CURRENT LICENSURE:** Documentation of current Texas state medical license must be provided.
 - 3. **TRAINING/EXPERIENCE REQUIREMENT:**

1. **Minimum Threshold Criteria:** Successful completion an Accrediting Council for Graduate Medical Education-approved residency training program in radiology and/or nuclear medicine **OR** board certification by the member board of the American Board of Medical Specialists. Must be familiar with the most current Texas Regulations for control of Radiation, and with the various publications on radiation safety published by the U.S. Department of Commerce and the National Bureau of Standards.

4. **DEMONSTRATED CURRENT COMPETENCE:**

1. **FOR INITIAL GRANTING OF PRIVILEGES:** Competence must be documented and verified in writing by individuals personally acquainted with the applicant's professional and clinical performance. For invasive procedures, documentation should address the types of procedures performed, demonstrated skill, appropriateness, and successful outcomes. For non-invasive procedures, types and successful outcomes of medical conditions managed by the applicant should be documented.
2. **FOR RENEWAL OF PRIVILEGES:** Competence must be demonstrated by an adequate volume of experience as determined by the department chairperson with successful outcomes and documented by the results of performance-improvement activities, peer recommendations, and/or departmental/clinical service recommendations.

5. **SPECIFIC CRITERIA:**

Interventional Radiology: Interventional radiographic procedure privileges for each of these procedures may be granted to radiologists when proof of training and competency is established to the satisfaction of the credentials committee and the department by the following:

1. Recommendation from the preceptor of the radiologist of the formal training program or preceptorship.
2. Favorable report by the department regarding the number and nature of invasive radiologic procedures from the formal training program or preceptorship.

Other: See attached criteria forms.

VII. **Regulations**

- A. All diagnostic ultrasound procedures performed and diagnostic and therapeutic procedures utilizing ionizing radiation or radiation or radioactive isotopes shall be under the authority of the department, with the exception of (a) I-125 in vitro laboratory examinations, which are under the authority of the department of pathology, and (b) echocardiography, which shall be under the authority of the department of internal medicine's cardiology section.
- B. All ultrasound, nuclear medicine, MRI and radiographic examinations shall be interpreted by a radiologist and a written report rendered.
- C. Radiographic examinations shall be interpreted by a radiologist within 24 hours.
- D. The attending or referring physician shall be promptly notified by the radiologist if significant

abnormal findings are present.

- E. A radiologist will be available 24 hours daily, 365 days a year for emergency radiographic examinations.
- F. The director of the department shall serve as the radiation safety officer.
- G. The director will also be available to review appropriateness of diagnostic radiologic services and the sequencing of these procedures.
- H. The director recommends to the medical staff for its approval a source for diagnostic radiologic services or oncology services not provided at South Austin Hospital.

VIII. **Special Procedures**

- A. **Scheduling:** All radiological special procedures (angiography, venography, sialography, hysterosalpingography, peripheral angioplasty, insertions, etc.) will be scheduled as radiological diagnostic procedures. Elective special procedures should be scheduled at least 24 hours in advance with the patient's name, age, birth date, phone number, address, examination to be done, date examination is requested, brief indications of the examination, tentative diagnosis, and name of referring physician. Emergency special procedures shall have priority over all other scheduled radiographic procedures. The referring physician may be required to furnish to the utilization committee signed, sufficiently complete documentation of the need for the emergency special procedure.
- B. **Hospital Admissions:** Those patients undergoing radiologic special procedures requiring admission to the hospital may be admitted by a qualified radiologist. If any radiological or diagnostic procedure other than the radiological examination is anticipated, however, the patient should be admitted by the referring physician. All pre- and post- special procedure orders pertinent to the radiological exam will be written by the radiologist performing the procedure.
- C. **Quality Assurance:** The department shall perform a monthly evaluation of procedures performed. All complications following special procedures shall be subject to review by the departments of radiology and/or internal medicine.

IX. **Dispositions of Roentgenograms**

- A. All roentgenograms are a portion of the patient's permanent hospital record and shall remain the property of the Hospital.
- B. Roentgenograms may be loaned to another hospital or physicians after completion of an authorization and release form.
- C. All radiological records, including roentgenograms, reports, scans, ultrasound exams, etc., whose storage and safekeeping is the responsibility of the Hospital, must remain within the confines of the department.

X. **Performance Improvement and Peer Review**

- 1. The department shall participate in performance improvement and peer review functions in accordance with the processes outlined in the organizational performance improvement plan and medical staff bylaws.

Approved by Department:

Chairman of Radiology Signature/Date

Approved by Medical Executive Committee:

Approved by Board of Trustees: